

National Board of Boiler and Pressure Vessel Inspectors Examination REGISTRATION FORM

Submit this form if you are registering to take the examination outside the U.S. or if you are paying your examination fee by cashier's check, company check or money order. If you are registering to take the examination in the U.S. and payment is to be made by credit card, visit www.goAMP.com or call 800-345-6559 to schedule an appointment and DO NOT submit this form.

1. **SOCIAL SECURITY NUMBER / CANDIDATE ID NUMBER:** _____
If you do not have a Social Security Number and have not been assigned an ID number by PSI, leave this blank and a number will be assigned to you.

2. **NAME:** _____
Last Name First Name M.I.

3. **MAILING ADDRESS:** _____
Number, Street and Apartment Number

_____ City State Zip Code

_____ Country

_____ Email Address

4. **TELEPHONE NUMBER:** (_____) _____ - _____ and (_____) _____ - _____
Daytime Telephone Number Evening Telephone Number

5. **BIRTH DATE:** _____ - _____ - _____
Month Day Year

6. **PLEASE CHOOSE AN EXAMINATION:**
- Authorized Inspector Commission (AI) Examination
 - U.S. Site Examination Fee: \$163
 - Canadian/Puerto Rico Site: \$290
 - International Site: \$360
 - Inservice Inspector Commission (IS) Examination
 - U.S. Site Examination Fee: \$163
 - Canadian/Puerto Rico Site: \$290
 - International Site: \$360

Your examination fee must be submitted with your registration form. Payment may be made by credit card, cashier's check, company check or money order made payable to PSI. **Payment by personal check or cash is not acceptable.**

METHOD OF PAYMENT:

- Money order, cashier's check or company check (payable to PSI).
 - Credit card: VISA MasterCard American Express Discover
- I agree to pay above amount according to card issuer agreement.

_____ Credit Card Number Expiration Date:

_____ Name as it appears on card Signature

7. **SIGNATURE AND DATE:**
The information I have provided on this registration form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Mail this form to:
PSI
18000 W. 105th St.
Olathe, KS 66061